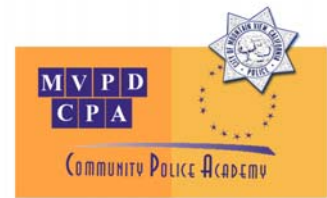


**Mountain View Police Department
Community Police Academies Application**



Which academy are you applying for?

- ☐ **Traditional Academy (adults, presented in English)**
☐ **Traditional Academy (adults, presented in Spanish)**
☐ **Advanced Academy (must be previous graduate) Date _____**
☐ **CHOICES (High school juniors, seniors and parent)**

Full Name: _____ **Date of Birth:** _____

Home Address: _____ **City:** _____ **Zip:** _____

Home phone: _____ **Drivers License#:** _____ **Occupation:** _____

Name of Employer/School: _____

Address: _____ **City:** _____ **Zip:** _____

Business Phone: _____ **Email Address:** _____

If applying for CHOICES please provide parent name and date of birth: _____

Complete only sections 4 and 5 if applying for Advanced Academy

1. **How did you first hear about the Community Police Academy?**

2. **Why would you like to participate in the Community Police Academy?**

3. **Do you have any law enforcement experience? If yes, please explain:**

4. **Have your ever been arrested for any reason YES/NO or have you ever been convicted of a felony YES/NO? If yes, please explain:**

5. **Is there anything in your past that you think may disqualify you from participating?**

As an applicant for the Mountain View Police Department Community Police Academy and desiring them to be informed of my previous record and character in determining my suitability, I am aware and authorize the Mountain View Police Department to conduct an inquiry into my criminal history or any other inquiry to determine my suitability to attend the Community Police Academy.

I hereby release you, the Mountain View Police Department, or other from any liability or damage which may result from obtaining the information gathered. This release expires one year from the date of the signature.

I certify that all statements in this form and any attachments are true and complete to the best of my knowledge. I understand any false information in this form and attachments may, if I am accepted, be considered grounds for immediate dismissal. I understand all statements are subject to verification.

Signature: _____ **Date:** _____

Fax or mail to: MVPD 1000 Villa Street, Mountain View CA 94041 (650) 903-6431